	AGE should be stated EXACTLY. PHYSICIANS should state	statement of OCCUPATION is very important.	
	ld be	Exact	
	 AGE shou 	classified. Exa	
	pplied	opert)	
	N. B.—Every item of information should be carefully su	hat it may	
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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

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						60601
1. PLACE OF DEATH // County HOWell Registration District					387	
County Dry Creek Registration District					File No	
To	Township Dry Creek Primary Registration			Primary Registrati	on District No	Registered No
Ć			(No			St
2 5111	I NAME	Elswort	h Harvey	y Hungeri	Cord	
2. FU	(a) Posidones	No. West P	lains, l	RR #3	.,Ward.	
	(Usual plac	ce of abode)		_	(II	nonresident, give city or town and State)
Length	of residence in	city or town where	death occurred ,	L'/ yrs. mos.	ds. How long in U.S., if o	f foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS) MEDICAL CEI	RTIFICATE OF DEATH
3. SEX	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		ED, WIDOWED, OR	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Quant 15, 1933		
Ma:	le W	White Mar		the word)		RTIFY. That I attended deceased from
5A. IF MAR	RIED, WIDOWED.	OR DIVORCED			71	938, to 6-/5-, 1933
HU		Ethel H.	Adler		1	7 / 5 , 19 3 3 Death is said
	(ON) WITE OF					
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1867				to have occurred on the date stat	ted above, at
7. AGE	YEARS	Months	DAYS	If LESS than 1 day,brs.	[]	Detection
	56	4	7	ormin.	Caramoins of	Civer & bile dusto march 1933
	rade, profession	, or particular			2	
<u>8</u>	kind of work done, as spinner, sawyer, bookkeeper, etc					
₹ 9. In					1/100	# # 17
5						
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this \(\forall \)						
	year)Q		St. 3. 3. occui	t in this / 8	Other contributory causes of impo	ortance: p
12 DIDTH	IPLACE (CITY OF	Osce	ola, Mo.	,		
(STAT	TE OR COUNTRY)					
質 13. NA	us Lev	i D. Hun	gerford			
본 13:10	in E		9			Date of
13. NAME Levi D. Hungerford 14. BIRTHPLACE (CITY OR TOWN) Ohio.					What test confirmed diagnosis?	Was there an autopsy? 7.0
					[]	causes (violence), fill in also the following:
15. MAIDEN NAME Martha G. Malone						Date of injury
6 16, BII	O 16 BIRTHPLACE (CITY OF TOWN)				Where did injury occur?	Specify city or town, county, and State)
E (STATE OR COUNTRY) IN . CATOLINA					Specify whether injury occurred in	industry, in home, or in public place.
17. INFOR	MANTY	rs. E.H.	Hungeri	[ord]		
(ADDI	RESS) YE	est Piai	ns,Mo. I	tr #3	Manner of injury	
18. BURIA	l, cremation Oak L	I, OR REMOVAL	Aug	. 17, 33	Nature of injury	
PLACI	E		DATE AUS	<u> </u>	24. Was disease or injury in any v	way related to occupation of deceased?
19. UNDFR	TAKER TO	re Hero	mbur	gk_	If so, specify	
(ADDRESS) West Plains, Mo.					(Signed) & Cel	
20. FILED	(T)	133 00	attie D.	Ranner) (Addresa)	West Olains mo
	/ J.	,		Registrar.	m	

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